U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amorded, Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2/057		2. Fiscal Year Covered From:		
	,		1 / 1 / 04 Through: 12 / 31 / 04	
3. Name and address of person filing.		4. Name, i	file number, and codress of labor organization.	
Name	Mark A. Glidden	Name	Sheet Metal Workers Local 219	
		Labor O	Organization File Number 000-073	
P.O. Box, Bidg., Room No., if any		P.O. Bo	ox, Building and Room Number, if any	
Street	3316 Publishers Drave	Street	3316 Publishers Drive	
City	Rockford	City	Rockford	
State	Illinois ZIP Codo + 4 61109 - 631	8 State	Illinois ZIP Code + 4 61109 - 63	
5. Position in labor organization. Recording Secretary				

Enter appropriate data below if, during the part f soal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade กะ me, if ถกy).		7.a. Nature of Interest, Transaction, or Income.		
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
		7.b. Amount.		
Street				
City				
State ZIP	Codo + 4			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, corroct, and complete. (See the section on penalties in the instructions.)					
Signed Marle Alia Con	on 8/12/05	815-874-6641			

Form LM-30 (2003) NOTE: This represents my good faith effort to reconstruct the reportable occurrences for the period Jan 1, 2004 to Dec 31,2004. Thes are my only LM-30 reportable transactions. I am filing this form in

are my only LM-30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and prior 5 years.

Date

Telephone Number

B. Held an interest in or derived income or economic bonefit with monetary value from a business (1) a substantial part of which consists of buying from, solling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade nome, if any).

Name SMACNA OF NORTHERN ILLINOIS INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4010 E. State St., Suite 204

10. If 9.b. or 9.c. is checked give trust or employer's name.

City Rockford

State Illinois

Trade Name, if any:

ZIP Cods + 461108-2044

11.a. Nature of such dealing.

9. Business deals with:

b. Trust

X c. Employer

a. Labor Organization

SMACNA of Northern Illinois Inc. annual Lee Middleton memorial golf outting.

P.O. Box, Bldg., Room No., if any

Street 4010 E. State St., Suite 204

Name SMACNA of Northern Illinois Inc.

City Rockford

State Illinois

ZIP Cods + 4 61108-2044

12.a. Nature of interest hold or income received.

11.b. Approximate dollar value of such dealing.

Invited cuest by SMACNA of Northern Illinois Inc. to annual golf outting, which includes lunch, dinner, golf, drinks and raffle prizes.

12.b. Amount.

14.a. Nature of payment.

\$150.00

0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Re at ons Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Coda + 4

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing Mark A. Glidden	File Number U-				
B. Held an interest in or derived income or economic bancfit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or solling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade rano, if any).	9. Business deals with:				
Name SMACNA OF NORTHERN ILLINOIS INC.	a. Labor Organization				
Trade Name, if any:	b. Trust				
P.O. Box, Bidg., Room No., if any	X c. Employer				
Street 4010 East State St., Suite 204					
City					
State ZIP Codc + 4					
10. If 9.b. or 9.c. is checked give trust or employeds name.	11.a. Nature of such dealing.				
Name SMACNA OF NORTHERN ILLINOIS INC.	SMACNA OF NORTHERN ILLINOIS INc. annual Christmas party.				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
street 4010 East State St., Suite 204	11.b. Approximate dollar value of such dealing.				
city Rockford	12.a. Nature of interest held or income received.				
TID O Josef Communication	A Thurst and must be greatly to				
State Illinois 21 Code 4 61108-204	Invited guest by SMACNA to Christmas party, which includes dinner and drinks. Myself.				
	12.b. Amount. \$35.00				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any					
Street					
City					
State ZIP Code + 4					

14.b. Amount of payment.

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or Consultant

13.b. Is the Business an Employer